



State of Arizona - Certification Authority Application for Approval

Secretary of State - Attn: Policy Authority Section

1700 W. Washington Street, Phoenix, Arizona 85007

PLEASE PRINT & FILL OUT YOUR APPLICATION COMPLETELY.

Applicant Business Name and Address

Legal Business Name			
Address Line 1			
Address Line 2			
City	State	Zip	Phone

Individual Filing - enter the name and contact information for the individual that completed this form

First Name	Middle	Last Name	
Address Line 1			
Address Line 2			
City	State	Zip	Phone
E-Mail Address	URL		

This application for approval as a Certification Authority (CA) must be signed by the applicant or an individual authorized to act for the applicant organization.

<input type="checkbox"/> No <input type="checkbox"/> Yes Has this CA been previously approved by Arizona?
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this CA a governmental entity?
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this CA approved or licensed in another jurisdiction?
Name of Repository used by this CA and it's URL:
<input type="checkbox"/> No <input type="checkbox"/> Yes Is this Repository operated by (or for) the applying CA?
Repository operator if not CA:
CA wishes to be approved for which CP(s):
<input type="checkbox"/> No <input type="checkbox"/> Yes Proof enclosed of meeting highest CP bond, insurance and performance audit?

Attachments

Please indicate that the following required items are included with this application:

- ☐ A copy of the CA's current Certification Practice Statement demonstrating compliance with*:
 - a) one or more of Arizona's Certificate Policies (identify which) (see <http://www.sosaz.com/pa>) ,
 - b) Arizona's PKI Technical Standards (see <http://www.GITA.state.az.us>).
- ☐ Copy of an unqualified performance audit conducted by a Certified Public Accountant licensed to conduct such audit per the most current version of AICPA/CICA's *WebTrust Program for Certification Authorities*, evidencing compliance with the requirements of ITU/ISO X.509 Version 3 standards and the ANSI X9.79 PKI Practices and Policy Framework standard. Include the name, street address and mailing address (if different) and phone number of the accountant conducting the attached performance audit.
Note that a CA is required to provide similar proof every other year after being approved.
Note that the AICPA WebTrust for CA audit replaces the AICPA SAS 70 audit as the audit for CA's.
- ☐ Street addresses, mailing addresses, phone numbers, fax numbers and e-mail addresses for each location where CA services will be rendered (whether within Arizona or outside).
- ☐ An explanation if the CA, any of its officers directors or employees have:
 - a) Been enjoined or otherwise prohibited by a government agency or court from rendering CA services at any time or in any place;
 - b) Had license, approval or registration to conduct CA services denied, revoked or suspended;
 - c) Been the subject of any proceeding regarding any services rendered as a CA;
 - d) Entered into a voluntary agreement of compliance with any government agency or in a court or in a case before a court or an administrative agency.
- ☐ List of all states where now or previously approved or licensed as a CA, including the approving/licensing agency, dates of approval/licensure, license numbers and any other names under which the CA was or is registered.
- ☐ List of names, titles, addresses (Street and PO Box), and phone numbers of all officers, directors, managers or principal executives of the CA.
- ☐ An explanation if any officer, director or principal executive of the CA has been convicted of a misdemeanor or felony.
- ☐ Evidence of meeting the Policy Authority's insurance requirements for the Class(es) of Certificates the CA is seeking approval to issue. *Note this is an ongoing requirement which will require periodic re-affirmation.*
- ☐ Evidence of meeting the Policy Authority's surety bond requirements for the Class(es) of Certificates the CA is seeking approval to issue. *Note this is an ongoing requirement which will require periodic re-affirmation.*

Under penalty of perjury, I certify the above information and the information contained in any attachments are true, correct, and complete.

(Authorized Signature)

(Typed or Printed Name and Title)

Sworn to and subscribed before me, this the ____ day of _____, _____.

Notary Public

My Commission Expires: _____

* Provide in paper and electronic format. Electronic form is to be in either ASCII text or MicrosoftWord97 format that is provided on a 3.5" diskette or PC readable CD.